

Research Highlights

From the Survey Research Laboratory at
Virginia Commonwealth University's Center for Public Policy

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Research conducted for the Virginia HIV Community Planning Committee

HIV-Related Knowledge, Attitudes and Behavior of Virginians 1995 Sample of Hispanics

Many Virginia Hispanics hold misunderstandings about transmission and prevention of HIV/AIDS, in particular overestimating the risk of HIV transmission when transmission is very unlikely or impossible. Those with higher income and education levels, and those who speak some English at home, show relatively greater knowledge about HIV/AIDS. A sizable percentage believe themselves to be at risk of HIV infection; 17 percent said they had been placed at risk of contracting the virus within the previous year.

These are some of the results of a telephone survey conducted on behalf of the Virginia HIV Community Planning Committee by the Survey Research Laboratory (SRL) at Virginia Commonwealth University.¹ Conducted between April 8 and June 11, 1995, the survey interviewed 492 individuals of Hispanic descent in U.S. Census tracts in Virginia where Hispanic residence is highest.

The sampling was based on listed telephone numbers. The interviews were completed with randomly selected respondents in English or Spanish, depending on the preference of the respondent. Eighty-two percent preferred Spanish. The majority of the interviews were completed with Hispanic residents of Arlington, Alexandria and Fairfax County, in the suburbs of Washington, D.C., and with an additional small group from Newport News in the Norfolk area.

The results are weighted by region, education and

sex to create a representative sample. The percentages presented in this report are based on weighted data. Sampling error is about 5 percent at the 95 percent level of confidence.

AIDS transmission and prevention

Nearly all respondents had heard of AIDS, with about half aware that HIV and AIDS are different. Eighty percent said they know of no one in their personal lives infected with HIV. Figure 1 shows responses to questions about the likelihood of nine activities to transmit HIV, compared to correct responses provided by VCU's HIV/AIDS Center.

Eighty-two percent correctly responded that an HIV-infected pregnant woman is very or somewhat likely to give birth to an HIV-infected baby. Recently developed treatments can reduce the rate of infection from 25 to 30 percent to about 8 percent.

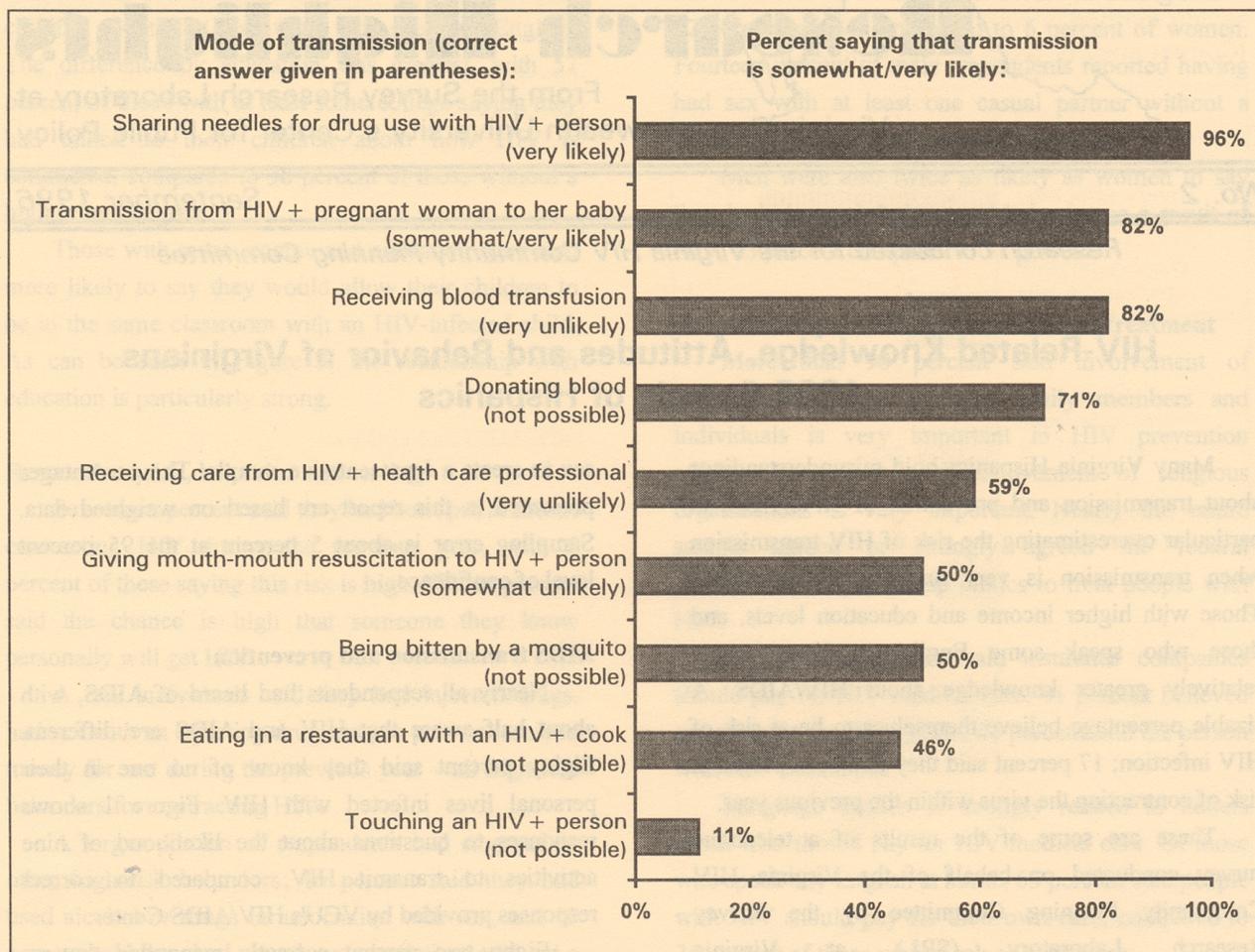
Fifty-nine percent knew HIV is not transmitted by shaking hands with or touching someone with HIV. Still, 11 percent said it was very or somewhat likely that HIV can be contracted in this manner.

Ninety-three percent answered correctly that sharing a needle for drug use with a person infected with HIV is very likely to transmit HIV.

However, respondents were less knowledgeable about other issues. Many held the mistaken belief that donating and receiving blood are likely transmission routes. Seventy-one percent said it is very or somewhat likely that donating blood will transmit HIV, while only 11 percent answered correctly that it is impossible to transmit HIV this way.

¹ The complete text and tables are found in "HIV-Related Knowledge, Attitudes and Behavior of Virginians: 1995 Sample of Hispanics," prepared by the VCU Survey Research Laboratory for the Virginia HIV Community Planning Committee, February 1996.

Figure 1: Beliefs about likelihood of HIV Transmission



The SRL and the HCPC

The Virginia Commonwealth University Survey Research Laboratory, founded in 1982, and incorporated in the university's Center for Public Policy in 1994, serves the university, the community, and local and state government through some 100 projects annually. The SRL also manages a number of large data sets available through the Inter-university Consortium for Political and Social Research.

The SRL conducted the survey discussed in this report for the Virginia HIV Community Planning Committee (HCPC), an advisory committee to the Virginia Department of Health. The HCPC includes representatives from communities across Virginia most affected by the epidemic, and is responsible for developing an annual HIV prevention plan for Virginia for submission to the Centers for Disease Control and Prevention.

For more information about this survey, the SRL, or the HCPC, contact: VCU Survey Research Laboratory, PO Box 3016, Richmond, VA 23284-3016. Our telephone is (804) 828-8813, and fax (804) 828-6133. Or visit the SRL on the World Wide Web at:

<http://www.vcu.edu/cppweb/srlweb/srlhome.htm>

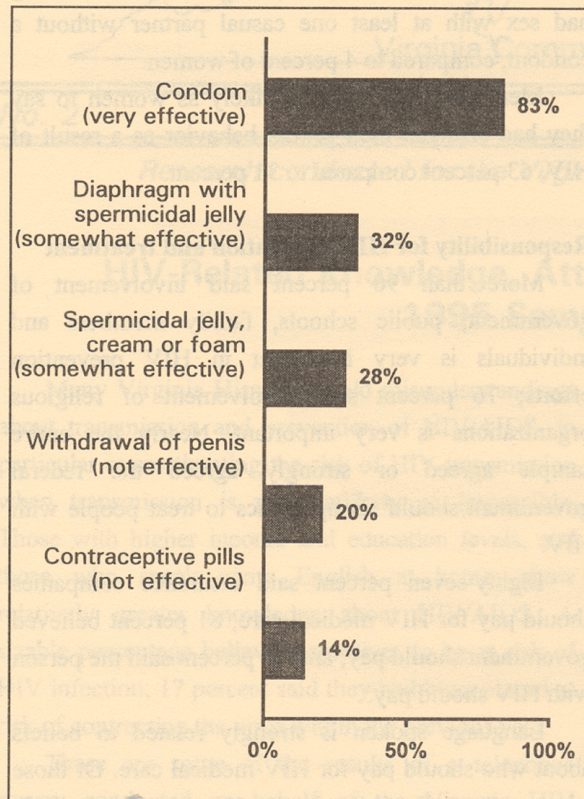
Recent studies show the chance of contracting HIV through a blood transfusion to be two in a million, but only 5 percent of respondents answered correctly that it is very unlikely to contract the virus in this way.² Eighty-two percent said transmission is very or somewhat likely through a transfusion.

While 46 percent said HIV transmission is very or somewhat likely through eating in a restaurant where there is an HIV-positive cook, 23 percent gave the correct response, that this is impossible. Fifty percent said contracting HIV through a mosquito bite is very or somewhat likely, while 21 percent said this is impossible, the correct response.

Fifty percent said contracting HIV through giving mouth-to-mouth resuscitation to someone with HIV is

² G.B. Schreiber, M.P. Busch, S.H. Kleinman, J.J. Korelitz, "The Risk of Transfusion-Transmitted Viral Infections, *New England Journal of Medicine*, v. 334, No. 26, June 27, 1996.

Figure 2: HIV prevention methods. Percent saying method is somewhat or very effective. (Correct answer given in parentheses.)



very or somewhat likely. The correct response is somewhat unlikely, given by 10 percent.

Fifty-nine percent held the incorrect belief that receiving care from an HIV-positive health care professional is very or somewhat likely to transmit HIV. Only seven percent answered correctly that transmission in this situation is very unlikely. The likelihood of transmission from doctor to patient is in fact miniscule, according to the Centers for Disease Control and Prevention HIV/AIDS Clearinghouse.

Figure 2 shows the respondents' perceptions of the efficacy of several techniques in preventing the spread of HIV. Eighty-three percent said a condom is very or somewhat effective in preventing HIV. The correct response is "very effective," given by 42 percent.

Twenty-eight percent said a spermicidal jelly, cream or foam is very or somewhat effective, while the correct response is "somewhat effective," given by 17 percent of the sample. Thirty-two percent said a combination of a spermicidal jelly with a diaphragm is

very or somewhat effective, while the correct response is "somewhat effective," given by 17 percent. Fourteen percent said birth control pills are very or somewhat effective when the correct response is "not effective," given by 72 percent. Finally, 20 percent said withdrawal of the penis before ejaculation is very or somewhat effective. The correct response is not effective, given by 58 percent.

Respondents with more education and income, and those who speak some English at home, knew more about HIV transmission and prevention.

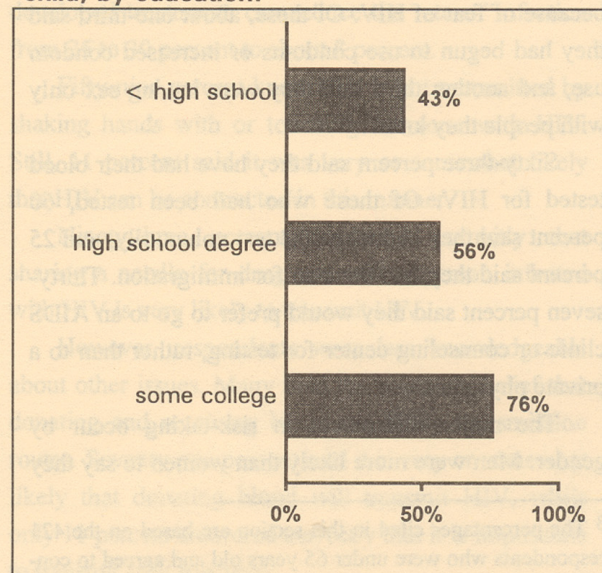
HIV/AIDS and children

Half said they would allow their children to be in the same classroom with an HIV-positive child. Fifteen percent said AIDS education in the schools should begin as early as kindergarten or the first grade.

Fifty-five percent believed it is appropriate for parents to talk to their children about HIV at age 10 or younger, with 42 percent of those with children under 21 reporting they had talked to their children about how to avoid HIV.

Education and income were associated with responses to the questions about HIV/AIDS and children. Those who speak at least some English at

Figure 3: Percentage saying they would allow their child to be in a class with an HIV-positive child, by education.



home were more likely to have talked with their children about HIV than those who speak no English. The difference by education was greatest, with 57 percent of those with at least some college saying they had talked to their children about how HIV is contracted, compared to 38 percent of those without a high school degree.

Those with more income and education were also more likely to say they would allow their children to be in the same classroom with an HIV-infected child. As can be seen in Figure 3, the relationship with education is particularly strong.

Respondent risk, behavior and testing³

Seventeen percent said they had been put at risk of contracting HIV during the previous year, with 6 percent of these saying this risk is high. Fifteen percent said the chance is high that someone they know personally will get HIV.

A few individuals said they had injected drugs, had sex with an injecting drug user, or paid or received money for sex during the previous year – all high-risk behaviors for contracting HIV.

A larger portion of respondents had engaged in other high-risk behaviors: 16 percent said they had used alcohol or drugs in association with sex, and 10 percent said they had casual sexual relations without a condom during the previous 12 months.

Half said they had changed their sexual behavior because of fear of HIV. Of these, about one-third said they had begun to use condoms or increased condom use, and another third said they were having sex only with people they know.

Sixty-three percent said they have had their blood tested³ for HIV. Of those who had been tested, 60 percent said they had taken the test voluntarily, and 25 percent said they had done so for immigration. Thirty-seven percent said they would prefer to go to an AIDS clinic or counseling center for testing, rather than to a private physician.

The major differences in risk-taking occur by gender. Men were more likely than women to say they

had used alcohol or drugs just before or during sex -- 22 percent of men compared to 6 percent of women. Fourteen percent of male respondents reported having had sex with at least one casual partner without a condom, compared to 4 percent of women.

Men were also twice as likely as women to say they had changed their sexual behavior as a result of HIV, 63 percent compared to 31 percent.

Responsibility for HIV prevention and treatment

More than 90 percent said involvement of government, public schools, family members and individuals is very important in HIV prevention efforts; 76 percent said involvement of religious organizations is very important. Nearly the entire sample agreed or strongly agreed the federal government should set up clinics to treat people with HIV.

Eighty-seven percent said insurance companies should pay for HIV medical care; 81 percent believed government should pay; and 46 percent said the person with HIV should pay.

Language spoken is strongly related to beliefs about who should pay for HIV medical care. Of those who speak any English at home, 63 percent said people with HIV should pay for their own care, compared to 36 percent of those who speak only Spanish.

Churches and religious organizations

About 90 percent said churches and religious organizations should provide information about HIV/AIDS to their congregations, should provide spiritual help to those affected by HIV/AIDS, and should actively participate in community efforts to prevent HIV/AIDS. Of those associated with a church or religious organization (60 percent), about half said their church participates in such HIV-related activities.

Conclusion

The survey of Hispanic residents of Virginia showed that many believe HIV is transmitted in ways that are in fact very unlikely. Most respondents expressed support for government involvement in HIV prevention and treatment for those who are infected. Half said they have changed their behavior because of the possibility of contracting HIV.

³ The percentages cited in this section are based on the 421 respondents who were under 65 years old and agreed to continue with this set of questions after being told they were of a personal nature.